

FUTURE RETIREMENT INFORMATION FORM

Please complete the information below and return no more than 30 days prior to your retirement date. The form can be submitted via email to benefits.info@mesaaz.gov or by postal mail to Employee Benefits, PO BOX 1466 Mesa, AZ 85211-1466. A customized retiree packet with premium information will be sent to you (if applicable) or a representative will contact you.

Name:	
Employee ID number:	
Department and Unit:	
Job Title:	
Extension:	
Home Phone:	
Home Address:	
Are you retiring with the Arizona State Retirement system? If yes please check the appropriate box.	ASRS <input type="checkbox"/> PSPRS <input type="checkbox"/>
Anticipated Last Day Worked:	
Retirement Effective Date:	
How many FULL years of service you have with the City of Mesa:	

If you believe you are eligible for retiree benefits through the City of Mesa, please answer the questions below:

Is your spouse an active employee or retired from the City of Mesa? If yes, please give name and date of birth:	
Is your spouse receiving a pension from ASRS OR PSPRS? Please designate the retirement system:	
Would you like an estimate of medical, dental, And vision retiree benefits?	
Are you planning to live in or out-of-state? If out-of-state will you be residing out-of-state more than three months per year?	
If you will be residing out-of-state, what is your out-of-state address:	
Will you pay your retirement premiums by SUREPAY or monthly invoice?	